

FEE ASSISTANCE REQUEST FORM

Valid January-December, 2003



Tempe Parks and Recreation • 3500 South Rural Rd • Tempe, AZ 85283 • 480-350-5277 • TDD: 480-350-5050 • FAX 480-350-5278

- Fee Assistance is available to Tempe Residents only.
- Percentage Amount of Fee Assistance given is per program or activity.
- Level of Fee Assistance granted is valid for one year, January-December, unless circumstances change.
- This form is valid for the basic component of Parks and Recreation Activities ONLY.
- Form to be completed by adult family member requesting assistance (signature required below).
- SUBMIT Payment calculated at the percentage you are requesting to pay. If an additional amount is due, you will be notified by staff and a payment date will be arranged. (For programs less than \$20, minimum payment is \$2).

(Please Print)

Family Last Name _____ Primary Contact _____

Address _____ Tempe, AZ Zip _____

Phone # _____ Additional Phone # _____

Household Family Member Names To Be Included:

Qualifying Data: (must be completed)

Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Family Size _____

Income per Month \$ _____

Free Lunch Program Yes No

Reduced Lunch Program Yes No

DES Fee Level _____

Please state the circumstances that you feel qualify you for Fee Assistance and include any other information that supports your request. You may use the backside of this form and/or attach additional documentation as necessary.

In order to allow a maximum number of participants to receive fee assistance, we ask that each family contribute as much toward the program fee as financially feasible.

For programs less than \$20, minimum payment amount is \$2 per activity.

Please circle the percentage of the activity fee you request to pay:

10% 20% 30% 40% 50% 60% 70% 80% 90%

→ Signature _____ Date: _____

PRINTED NAME _____

Staff Use Only

Fee Assistance Level: Pays _____ % Completed By: _____ Date _____

Comments: _____